

Redeem at Pharmacy for up to \$10 in Savings

*Subject to Terms, Conditions.



Bin # 610020

Group # 99992593

ID # 28517590810

Pharmacy Help Desk, Call 1-855-488-0752

See eligibility and restrictions on back of card

PATIENT INSTRUCTIONS:

SAVINGS IN JUST 3 EASY STEPS:

1. **Get a valid prescription.** Ask your doctor for a prescription for Flexichamber®.
2. **Fill your prescription.** Take this Savings Card and your prescription for Flexichamber® to your pharmacy.
3. **Start using your Flexichamber®.**

Please consult accompanying Instructions for Use

*Program eligibility and restrictions apply. Please see reverse side for eligibility details.

PHARMACIST INSTRUCTIONS:

1. Process this coupon using the numbers on the attached co-pay card.
2. Restore patient profile to Primary PBM after claim submission.

By using this card, you and your pharmacist understand and agree to comply with the eligibility requirements and terms of use.

To report SUSPECTED ADVERSE REACTIONS, contact Aytu BioScience, Inc. at 1-855-AYTU-BIO or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Where 3rd party reimbursement covers a portion of your prescription, this coupon is valid for the amount of patient's actual out-of-pocket expense, up to the maximum benefit allowed. Offer valid only for prescriptions filled in the U.S.



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DEAR PHARMACIST:

The Pharmacy Savings Card may be used prior to the expiration date deemed by Aytu BioScience. Benefit is limited to a maximum amount. Not all patients are eligible to use the Pharmacy Savings Card. Please see Eligibility and Restrictions for important eligibility restrictions.

- The Pharmacy Savings Card is only valid when accompanied by a prescription for Flexichamber®. This claim may be submitted electronically through TrialCard using the processing numbers on the front of this co-pay card. Submit all electronic claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8) or by using Coordination of Benefits processing.
- **Call the TrialCard Help Desk at 1-855-488-0752 for processing questions.**

ELIGIBILITY AND RESTRICTIONS:

Patients who are not eligible to participate (i.e. prescriptions or coverage could be paid in part or in full) by any state or federally funded programs, including but not limited to Medicare, Medicaid, VA, DOD or TRICARE (collectively "Government Programs") are not eligible for this offer. This offer may not be redeemed for cash. Patients who are redeeming cash discount cards and other non-insurance plans for the product are ineligible to use the coupon. If the patient is eligible for benefits under any such program, the patient cannot use this offer. The Pharmacy Savings Card is not insurance. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract, including those that may require notification to his or her payor of the existence of and/or value of this offer. It is illegal to (or offer to) sell, purchase, trade, or counterfeit this offer. This offer is not transferable. Void where prohibited by law, taxed, or restricted.

TERMS OF USE: Eligible patients with a valid prescription for Flexichamber® may receive up to a maximum amount of \$10 after patient pays the first \$10 due on the purchase. Maximum benefit is \$10. Offer has no limit on number of times this offer may be redeemed, but there must be a valid prescription and product must be purchased through a pharmacy. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Aytu BioScience, Inc. reserves the right to terminate, rescind, revoke or amend this offer without notice at any time.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

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